

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007223

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

146

Primary Registration District No.

5368

Registrar's No.

83

FILED MAR 4 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) SUGAR CREEK (Blue)		c. CITY OR TOWN SUGAR CREEK	
Length of stay in 1b 35 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 204 NO. WILLOW		d. STREET ADDRESS (If outside, give location) 204 NO. WILLOW	
3. NAME OF DECEASED (Type or print) First MIDDLE Last EMMAMAE NICKELSON		4. DATE OF DEATH Month Day Year FEBRUARY 17, 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-21-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY ----	9. AGE (last birthday) 82
11. BIRTHPLACE (City and state or country) OREGON, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHESTER GEDKINS		13b. MOTHER'S MAIDEN NAME LOTTE UNKNOWN	
14. NAME OF HUSBAND OR WIFE ROBERT W. NICKELSON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Robert W. Nickelson, 204 N. Willow, Sugar Crk.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC FAILURE</u> DUE TO (b) <u>GENERALIZED DEBILITY</u> DUE TO (c) <u>CARCINOMA URINARY BLADDER</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 WEEK</u> <u>5 WEEK</u> <u>10 WEEK</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Mar 2, 1962</u> to <u>DEATH</u> and last saw her alive on <u>Jan 11, 1962</u> Death occurred at <u>2-17-63</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>George Carson MD</u>	
22b. ADDRESS <u>10901 Wimmer Rd.</u>		22c. DATE SIGNED <u>2-18-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 2-20-63	
23c. NAME OF CEMETERY OR CREMATORY BREWSTER KANSAS CEMETERY		23d. LOCATION (City, town, or county) (State) BREWSTER, KANSAS	
24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.		25. DATE RECD. BY LOCAL REG. 2-19-63	
26. REGISTRAR'S SIGNATURE <u>Alba L. Craig</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 7006

2 7006

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12 90-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall C. Blackwell

Licensed Embalmer No. 4713
P. O. Address Raytown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

2-19